

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 107

Registered No. 134

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luanna Marquerite Burke
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY In event of plural births.
4. Twin, triplet or other _____
5. Legitimate? Yes
6. No., in order of birth _____
7. Date of birth Dec 15, 1932
Month Day Year

8. FATHER
Full name Michael Alonzo Burke
9. Residence (Usual place of abode) Globe, Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Kansas City
(State or country) Kansas
13. Occupation Service Station Operator
Nature of industry

14. MOTHER
Full maiden name Luanna Anderson
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Boulder
(State or country) Colorado
19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Adams
Physician or midwife

Given name added from a supplemental report _____
Address Box 636 Globe, Ariz
Filed 1/6 1933 H. E. Wightman Registrar
325-1215-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.